U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25273	2. Fiscal Year Covered From:			
	01 / 01 / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name MARY E SULLIVAN	Name CIVIL SERVICE EMPLOYEES ASSOC, LOCALIOCO			
	Labor Organization File Number 575614			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 61 WOODSIDE DRIVE	Street 143 WASHINGTON AVENUE			
City ALBANY	City ALBANY			
State NEW YORK ZIP Code + 4 17708-1157	State NAU YORK ZIP Code + 4 [ 12210 ]			
5. Position in labor organization.	PRESIDENT			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose comployees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).				
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State : ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Marefe. Sullivan	on 3/30/06 518. 257. 1252			
//	Date Telephone Number			

Name of Person Filing		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name:  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer			
P.O. Box, Bldg., Room No., if any Street  City  State	11.b. Approximate dollar val			
	12.b. Amount.			
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mone of the second sec	14.a. Nature of payment.  EXPENSES (SUPPLED LODGING)  LODGING			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment	-	\$984.72	

Name of Person Filing	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  Zip Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.				
C. Received from any employer (other than an employer covered under					
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant					
(Including trade name, if any).  Name  NEW YORK  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  Steet  State  ZIP Code + 4 1059	Annual Meeting Expenses Transportation Lodging MEALS: Enterprinment				
13.b. Is the Business an Employer 🐧 or Consultant 😥 ?	14.b. Amount of payment.				

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	a. Labor Organization				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	b. Trust				
Street	ුරු c. Employer				
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	and the North Control of the Control			
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.	<b>三型</b>			
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name METLIFE	Arrivan meet in Expenses				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any CORP CENTER II	CALS TO TO THE TOTAL TOT				
Street 628 Hebron Ave	TRANSPARLY				
City CLASTON BURY	M(Mexito 10				
State ZIP Code + 4 06033					
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	1132			